The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

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War's End

Once more, amid the screeching and the cat-calls, that durable old mauler, the God of War is taking the count, in the lingo of He's down—he's up—he's down Don Dumphey. And now for the sixty-four dollar question: Will he take the full count? Ivan and Uncle Samuel and the two Johns, British and Chinese, with a ringfull of minor scrappers, have won the battle royal by dint of unlimited expenses, extra training, unconquerable fighting hearts, and teamwork of such high quality that hopes of a knock-out have enthused even those skeptical lesser Gods of the gallery. Of course Hirohito, unused to the lurid glow of the setting sun, is screaming that the adverse decision was only techical, but the disappointed paper hanger of Munich, that other down-and-outer, is as silent as his empty paste pot.

Generals Ike and Dugout Doug, in joint managements with those nifty allied Marshals, will do their full duty in enforcing the articles of agreement so that the world may turn back once more to clean sport and healthy competition, but we bleacherites must never forget those lost bouts of Dunkirk and Bataan, nor the welter of blood that has been shed and the unnumbered bruises that must be counted in the heavy cost of victory.

But ringsiders have proved themselves fickle in the past, even when the stakes have been the four freedoms of our birthright. Th soft allurement of creature comforts and their hard tokens, whether dollars or pounds sterling, invariably have developed a stronger pull than the abstractions of liberty. Fortunately for mankind, war-making hereafter is to be subject to Commission rule. If the commissioners can be given the power, perhaps this time the decision over Mars, the punch drunk stumble bum, may be settled beyond recall. Or do you hold with Monsignor O'Duffy that "The world's almighty God's broth, so perhaps ye'd better let Him stir it and boil it His own way?"

S. Q. Lapius

Medical Education

If not Romulus, it may have been Remus who invented the word **educare**, to bring us, as a child, i.e. to develop, instruct, teach, inform, enlighten, edify, train, breed, rear, discipline or indoctrinate," (says Noah). But the problem of education dates much further back even than the famous Latin twins, as far in fact as the beginnings of life itself. Hu-

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Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

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ACUTE POLIOMYELITOPHOBIA

Ever since Mephibosheth was dropped by his nurse way back in the Old Testament, (and early editions of Osler's Medicine), fear of infantile paralysis has spread from Dan to Beersheba and thense to Hampden county because thereafter the lad went lame. The halt and the blind do not stir up half as much panic in the public consciousness, nor is pnuemonia, that kills many more victims according to the figures, dreaded to an equal degree.

Much of the blame for this over emphysis rests upon editors of the public press who play up reports of active cases in front page headlines. But physicians themselves must share the onus because of swelling the hue and cry over quarantining a disease that is not as contagious as measles nor as dangerous as scarlet fever. The last named malady cripples more individuals in a year by actual count than poliomyelitis does, and a crippled muscle or extremity often is a less restricting handicap than a damaged heart or kidneys and stiffened joints. The late President Roosevelt was an outstanding example of achievement in spite of severe paralysis. The compensating reaction indeed may well have spurred him on to greatness.

Uncommon common sense is urgently needed both in publicising and quarantining poliomyelitis, a disease that must be wide spread though only a few cases develop crippling lesions. In this way alone may unwarranted anxiety be allayed and overworked physicians be relieved of many needless calls.

Segregattion of cases is justified to enable utilization of special nursing to the best advantage, particularly if the number is more than minimal. But such experienced epidemitogists as Dr. Edwin Place of the South Department, Boston City Hospital have admitted poliomyelitic patients to their wards with no more than routine precautions. In thirty years few cross infections have been noted.

The recent frenzied directives of certain New Jersey health officers do more harm than good in the furtherance of intelligent control of this specific disease by forming such fears into mass hysteria. MENS SANS IN CORPORE SANITATIS PUBLICAE!

OSSA ON PELION

Lend lease may be dead, and loudly mourned, but maternal and infant care by a paternal federal government apparently are here to stay even though the war time emergency is well-nigh V-J'd, Bushido notwithstanding. The Pepper bill (S. 1318) entitled "Maternal and Child Health Services" is one of several proposed vehicles for continuation. The modest budget of 50 million dollars is offered for the fiscal year ending June 30, 1946, provided the states will meet

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the ante and comply with the bureau's specifications. The gamut runs from "medical nursing" through dental, hospital and related services and facilities required for maturnity care, preventive health work and diagnostic services for children; to "school health services, care of sick children, and correction of defects and conditions likely to interfere with the normal growth and development and the educational progress of children," etc.—(Read the bill yourself for further details.)

But apparenttly little or no thought has been given by Sponsor Pepper at all to the prevention of overlapping and duplication of provisions of the Murray-Dingall opus and the rehabilitation provisos that have been billed through the Department of Education, as set forth elsewhere in this issue. Such social planning disregards the underlying facts, namely, that a large percentage of defects, whether anatomical or mental, would be eliminated by economic means. If the barn door could be locked by adequate diets and regular employment that brings them within reach, the sorry saga, deficinecy diseases and defective homes, could not run loose in a long suffering world.

No mother or child should go without adequate care, especially if handicapped, even at the extravagant cost of federal bureaus, but the millennium will not arrive until the home is revitalized by love, and the selfless comradeship of the lads "up front" becomes universal. With such domestic charts it would be possible to truly make a world charter!

But in our present unsavory predicament, pass the Pepper please!

FEES UP (FOR DISCUSSION)

A special meeting of the Executive Committee of the M. M. S. was called for August 22nd for the purpose of passing on a tentative schedule of fees prepared by the Committee on Rehabilitation, (appointed in 1941), at the request of the Mass. Department of Education (!). The list must be submitted to Washington for approval to secure proportionate financing by the federal government. At the expense of a precious day of personal seaside rehabilitation, the Hampden district was duly represented. As accurately as may be under the circumstances, the report follows:

The state pedagogical bureau is entering the field of medical practice possibly because rehabilitattion in truth is a matter of education and training in the prevention of defects. The problem was brought to public notice by the rejection of so many youths for war service because of remediable defects. As months passed, more and more of them were accepted and rendered fit after induction. Then objections of the American Legion resulted in the transfer of medical rehabilitation to the Veterans' Bureau. No option then was left to the planners but to take on all the rest of the population, except those who can pay for correction, to enable the return of as many citizens as possible to workability. According to Dr. Phippen, the project should furnish inducement to individuals to become self-suporting.

Dr. Dutton rose to declare that neither he nor his district approved of this socialized medicine and wished no part of it. But he found himself barking up a tree that had been cut down some time ago, the bill having been enacted into law. We are through the looking

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glass in fact, and are attempting to pick up the pieces—(the metaphors are beyond mending).

Chairman Shortell pointed out the wider scope of this legislatiton, for the beneficiaries need not be indigent, their inability to meet the cost of rehabilitation is to be determined by social service investigation; only those will be eligible whose return to work can be assured by correction. Hernias or diabetes for example, can be eliminated by treatment, but the defects must be "static" and not acute conditions or emergencies to be acceptable. Lastly, the work is to be handled in the same or a similar way as the war-time Maternal emergency service and the choice of physicians will be the patients' **if they were approved** by the Department of Education! The committee did not include in the report as requested a panel of eligible physicians believing that any physician licensed to practice here must be considered.

Fee tables of the Industrial Accident Board, the Blue Shield, and the Veterans Bureau were examined, with the admonition that no fees shall be higher than those listed by any state or national group if adoption is to be anticipated. Many fellows in the various branches of practice were consulted before the final draft was completed.

Naturally the report elicited much discussion in the Executive sessions, but in the end there was agreement in every item as amended. The fee for the general medical examination was left at five dollars, and ten for examinattion by a specialist. Also the cost of an appendectomy was left at $75., perhaps to discourage the removal of so many normal specimens, but a fee of ten dollars for surgical assistance, when necessary, was inserted in spite of omission of such remuneration from any other list and doubtful federal approval. Excision of the coccyx (at fifty per) was deleted in hopes of discouraging that practice. Laboratory fees were set up after due consultation, but no provision was made for payments for Roentgen therapy. Rates for house or hospital calls for general practitioners are five dollars for the first and three for subsequent visits; for office visits, five for the first and two thereafter. The complete fee list should appear soon in the New England Journal of Medicine.

At length it was voted that a state of emergency still exists and therefore, acting in the name of the Council, that the amended report of the Committee on Rehabilitation be approved and referred to the Department of Education for transmission to Washington for consideration. Thereby the work of rehabilitation may be instituted without further delay or ordering of the conditions thereof without regard to the considerations of organized physicians to whom such questions are of paramount importance.

MEDICAL EDUCATION

(Continued from Page One)

man learning of course, was not recognized until primitive man registered stimuli strong enough or sufficiently repeated to produce reactions that could be stored for future use or testing at the prompting of curiosity. The rugged school of experience provided effective conditioning in an implacable environment. Such individuals as did not learn to adapt themselves through their impacts, failed to survive.

Not so with the problem of medical education however. That hardy perennial has bloomed continuously in the garden of civilization and under the tending of gardeners as diverse as Paracelsus the alchemist and the didactic Richard Cabot,—or "Doty Dick" to those who lived within his shadow.

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While medical horticulturists have produced such brilliant blooms as insulin, the sulfonamides and lately the mouldy antibiotics, others less altruistic have cultivated such noxions weeds as **Vergeltungswaffe** 1, 2 or 3 and the **Busido** that necessitated the invention of such a catastrophic exterminator as the atomic bomb.

Regardless of this threat to civilization, the Post-War Planning Committee of the Massachusetts Medical Society has set up a splendid educational program for the benefit of all physicians licensed to practical medicine, whether fellows of the Society or not, and without reference to whether they have served afield or at home. The Hampden district has been chosen as one of the trial beds, as it were, to receive the newest transplants. Dr. Richard Ohler is the appointed gardener of the Sub-Committee on Education. He deserves the thanks of one and all.

P. G. MEDICAL COURSES

Theoretically, of course, since Dr. Selman A. Waksman dug up his twenty-nine year old notes on streptomycin and clinical trials have proved it to be even more effective against gram negative pathogens than penicillin is in the biostasis of organisms that retain the Gram stan, the combination of the two chemicals promises to render medical education, at least a large portion relating to infectious diseases, as bankrupt as the Greater East Asia Co-prosperity Sphere.

Until that epochal pill goes over the counter of every corner pharmacy along with the unidiurnal vitamine panaceas, chocolate malteds and requisites of Cloacena, — "nor rudely swift, nor obstinately slow" — followers of Hippocrats were well advised to take advantage of this refresher course brought to their own doorstep by experts. By the fruits of this first planting future disseminations shall be judged here and elsewhere in the state.

Step up, ladies and gentlemen, and help yourselves to the newest and most unusual medicinal cuttings. God can't help you if you don't. Here's how:

REPORT OF ORDER ET AL

I. OBJECTIVES

The chief objective of any program of Postgraduate Medical Instruction is to improve medical care.

1. The aim of the Committee on Postgraduate Medical Instruction of the Massachusetts Medical Society is to assist in the improvement of medical care in the following manner.
   (1) To provide Postgraduate Medical Instruction for all Massachusetts physicians without charge, and to so arrange teaching schedules as to make it unnecessary for any physician to travel more than a few miles.
   (2) To carry on all instruction in various hospitals and to emphasize bedside or clinical teaching as opposed to didactic lectures.
   (3) To invite active interest and wherever practicable, actual participation from hospital superintendents, trustees and other lay groups who are interested in the general welfare of the community.

II. METHODS

1. To divide the state into teaching districts or circuits.
2. To designate in each district one hospital as the central institution. To carry on identical programs in all the teaching hospitals in any given district, but to make use of the central institution for certain large meetings which cannot be re-

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peated or duplicated. And finally, to plan for a rotation system among hospitals in each district so that in the second year or semester, other teaching centers will be designated.

3. To arrange a curriculum, which, in our opinion, will best bring the doctor, and also, where practical, the lay public up to date with what is going on in the fields of both medical practice and preventive medicine.
4. To carry on the actual teaching by competent teams recruited from whatever available source, each team to move into a given district and remain as long as may be necessary to complete the work. Such a plan will facilitate personal conversations with interested doctors, with the conduct of hospital clinics, etc. It is anticipated that with proper local arrangements, a two or three day tour will provide ample time to cover a given group of subjects.
5. In arranging the curriculum and in the actual conduct of teaching, it is our plan to work in co-operation with various state and federal educational agencies.
6. Wherever possible, to inaugurate the general course in any given district with a meeting to which will be invited the doctors of the district and their wives, hospital superintendents and trustees, city and town officials, editors, members of the general court, and other interested lay people.
7. To carry on in any given district under the guidance of a local committee.

III. PROGRESS TO DATE

1. The teaching circuits. The committee has agreed on the following seven teaching circuits.
   (1) Pittsfield—Great Barrington—North Adams.
   (2) Springfield — Holyoke — Greenfield — Northampton.
   (3 Worcester — Fitchburg — Leominster — Gardner.
   (4) New Bedford—Fall River—The Cape.
   (5) Lowell —Lawrence —Haverhill—Newburyport.
   (6) Salem—Beverly—Lynn.
   (7) Greater Boston — this area may be subdivided as the program develops.
2. The curriculum.
   A curriculum Committee has been appointed. This Committee is representative of general medicine and surgery; pediatrics; obstetrics and gynecology. Every attempt will be made to arrange comprehensive programs which will appeal to the general practitioner.
3. When do we start and where?
   Meetings have been held with local committees representing the Worcester, Springfield, and Lowell circuits. There is reason to suppose that in the Worcester and Springfield circuits, programs will be started in October. The entire plan for the conduct of the Springfield area, a tentative plan is as follows: (a) Program to begin in Springfield at a designated hospital and to last an entire morning. (b) Afternoon program in Holyoke at a designated hospital. (c) Evening program in either Holyoke or Greenfield. (d)

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Morning of the second day at the Greenfield hospital. (e) Afternoon of the second day at the Northampton hospital. (f) Evening of the second day at another meeting in Springfield. (g) The exact spacing of the luncheon question and answer periods not yet determined.

Note: It is, of course, understood that hospitals left out in the first program will take an active part in subsequent programs.

4. How often will programs be conducted in any given circuit?

In attempting to answer this question, attention is directed to a previous statement; namely that all programs will be conducted by competent instructors. The number of programs in any given circuit will depend entirely upon the availablity of a teaching force. It is the hope of the Committee that programs can be given every three months for the first year.

To the Editor:

To those of us who gripe about an income tax, to others of us who are so busy calling ourselves specialists that we cannot attend to night calls and general practice anymore, to those of us who crab because so called lesser men are getting all the business and to those of us who would momentarily forget that a hundred men from this area have not only risked their skins but have been working for about $100. a week for several years past while 200 of us live in safety and comfort, I would submit this copy of a letter which I received today from a very essential man who waived a disability and who is and always has been humble in his medical career, as he was competent:

"After 37 days at sea we finally landed here in the Philippines, living in tents in a large staging area with all its attendant discomforts, crowded tents, poor food, no cigarettes unless you buy them from the natives for $4.00 a carton and a half-mile walk to the nearest latrine, and to top it off, steaming heat alternating with torrential downpours. We are scheduled to stay here six weeks and then on to Japan. Quite a future now that the war is over. You are acquainted with the red tape of the Army and it may be a long time till any of us get home. There are many medical officers in the outfit who have spent 18-36 months in the E. T. O. It is all so unfair to them especially since we know of many medics in the states who have never been overseas. As for myself, I fail to see what use I can be to the Army now that there are no more battle casualties, for which I thank God. While the war was on I did not complain for I knew that I had a job to do, but now I and countless others have plenty to gripe about. What little news we get from the states is too confusing to give us much hope, wrangling between Truman and the Senate regarding the soldiers makes us wonder whether the people at home realize what three or four years in the Army can do to a former civilized human being. You may recall that I was on the essential list at my hospital but asked them to release me as I felt that it was my duty to join the Army. Now after three years I feel that I have made my contribution. It would make you sick to see the 1,000's of men sitting around in these staging areas with nothing to do and no work for the near future, and yet the army holds them desite the crying need for doctors at home.

I may as well come to the point; is there anything you can do either through the Medical Society or you alone to hasten the release of this futile existence. Most of the doctors working on their congressman and on Senator Mead of N. Y. who apparently champions our cause. For old times' sake I would eternally appreciate

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anything you might accomplish to return me to the civilized type of living to which I am entitled. Remember me to the others, my best to you and yours,

SIGNED

COMMENT: This particular doctor is the most competent man in his field in Western Massachusetts. In our area no one can approach him. He is a thorough gentleman and one of the finest men of my acquaintance. One can readily see that he is not politically minded, yet his heart must be in turmoil or he never would commit himself to a letter such as this. Although some will suspect from whence this letter comes, I shall refuse to divulge the name until such times as I may meet a sincere effort for his release. Incidentally he does not speak for himself alone.

W. A. R. CHAPIN

Post Graduate courses for all doctors in the Connecticut Valley will coour on the days of October 29th and 30th. The first session will be at Mercy Hospital on the morning of the 29th and a session will be held in the afternoon and another in the evening further up the valley. It is planned to end in Greenfield where the lecturers will spend the night. The next morning they will start again for the day of three lectures winding up at the Academy of Medicine in Springfield for the evening session. This is of course tentative but all doctors interested should make plans for this affair. The interest shown by the doctors will determine whether and when it will be repeated.

It should be remembered that ALL DOCTORS in this area are invited to these sessions.

A WELL PLACED VETO

Retiring Chairman W. E. Browne of the Committee on Legislation reports the veto of the Chiropractors' bill by the Governor of the Commonwealth last July.